

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-022558**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 27 1963**

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Ferguson**

Length of stay in 1b:  
**5 Yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **817 Chambers Rd.**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Ferguson**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (if outside, give location)  
**817 Chambers Rd.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**John A. Ferguson**

4. DATE OF DEATH  
Month Day Year  
**5-13-63**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**1-5-91**

9. AGE (last birthday)  
**72 Yrs.**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Furniture Business**

10b. KIND OF BUSINESS OR INDUSTRY  
**Retired**

11. BIRTHPLACE (City and state or country)  
**Perryville, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Fidelius Ferguson**

13b. MOTHER'S MAIDEN NAME

**Mary Weise**

14. NAME OF HUSBAND OR WIFE

**Elsie Boltas Ferguson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**[REDACTED]**

17. INFORMANT  
Address  
**Elsie Ferguson Ferguson Missouri**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute Coronary Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH  
**Episodic**

DUE TO (b)

**Coronary Heart Disease**

**9 yrs**

DUE TO (c)

**Generalized Arteriosclerosis**

**9 yrs**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4-7-54** to **5-13-63** and last saw him alive on **5-4-63**  
Death occurred at **5:00 AM** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**Ruth Haynes MD**

22b. ADDRESS  
**3720 Washington Ave. St. Louis Mo.**

22c. DATE SIGNED  
**5/14/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**5-15-63**

23c. NAME OF CEMETERY OR CREMATORY  
**Valhalla Cem.**

23d. LOCATION (City, town, or county)  
**St. Louis County, Mo.**

24. FUNERAL DIRECTOR  
ADDRESS  
**White-Mullen 118 N. Florissant Rd. Ferg.**

25. DATE RECD. BY LOCAL REG.  
**5-14-63**

26. REGISTRAR'S SIGNATURE  
**[Signature]**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 **4009**  
2 **4009**  
3 **2**  
4 **0**  
5 **1**  
6  
7 **0**  
8 **2**  
**94201**  
10  
11  
12 **90-0**  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign, in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.